

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/	/				
3	/	/				
4	/	/				
5	4	/				
6	①	/				
7	①	/				
8	③	/				
9	③	/				
10	③	/				
11	/	/				
12	1	/				
13	8	/				
14	8	/				
15	①	/				
16	D	/				
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←	21	←	←		←
TOTAL CLAIMS		23				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←	2	←	←	←	←
TOTAL CLAIMS		23				